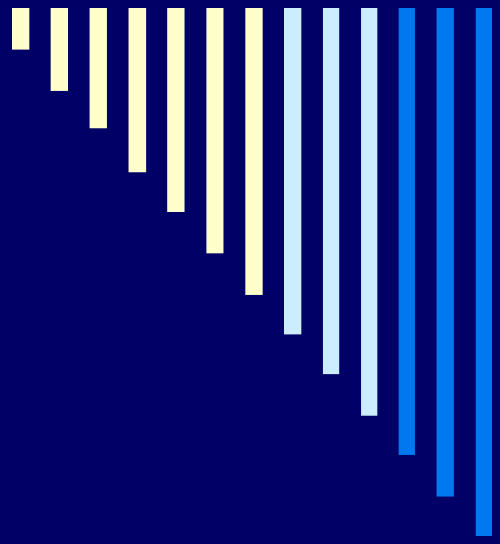


Workers' Compensation Medical Case Management

Marianne Cloeren, MD, MPH
USACHPPM
24 March 2004

Topics

- Part I -- Medical Case Management Working Group Findings and Recommendations
  - Impact of Integrated MCM by Teams
  - Policy Recommendations
  - Program Recommendations
- Part II – Medical Case Management Team Approach

Definitions

- OWCP = Office of Workers' Compensation Programs (DoL)
- CPMS = Civilian Personnel Management Service (DoD)
- RTW = Return to Work
- MCM = Medical Case Management
- COP = Continuation of Pay
- LT = Lost Time
- MTF = Military Treatment Facility
- MSD = Musculoskeletal Disorder
- ICPA = Injury Compensation Program Administrator
- OH = Occupational Health
- IH = Industrial Hygiene
- IW = Injured Worker
- FECA = Federal Employees Compensation Act

The Problem: DoD Costs in People

- 2001-2003 DoD lost 4.6M hours of productive work to occupational injury and illness in civilian employees
- This is equivalent to:
  - 2660 FTEs
  - 1.2 Marine expeditionary units
  - 88% Army brigade
  - 1 Embarked Navy Air Wing
  - 50% Air Force Mid-Size Fighter Wing

The Problem: DoD Costs in Dollars

- Costs in dollars:$562M in 2003 for AF, Army, Marine Corps and Navy
  - OWCP chargeback bill
  - Wage replacement, medical care and other benefits under FECA
- Another $10M in COP
- Indirect costs likely to be 3X direct costs
  - Recruiting and training replacement workers
  - Lost productivity
  - Based on studies in private sector

MCM Working Group Formation

- Chartered by the DoD Prevention Safety and Health Promotion Council
- Develop a business case analysis for agency medical case management for civilian workers' compensation
- Members included OH, safety and personnel reps from AF, Army and Navy

MCM WG Charter

- Define WC medical case management
- Conduct business case analysis
- Recommend staffing decision model*
- Develop policy and program recommendations
- Identify performance metrics
- Deliver white paper, decision brief, draft DoD policy and guidance

* Not a one-year deliverable so not included

MCM Definition

- Collaborative process
  - Of assessment, planning, facilitation, and advocacy
  - For options and services to meet injured workers' health needs
  - Through communication and *coordination of care*
  - To minimize delay in diagnosis, treatment, and return-to-work

Best Practices

- Administrative case management
- Medical case manager
- Team of key players
- Early identification of employees with work-related injuries or illnesses
- Training for key personnel
- Effective communication mechanism
- Timely and coordinated medical care
- Information support system and database
- Proactive preventive measures
- Early rehab programs for injured worker
- Early RTW programs, light duty assignments, work modifications and accommodation

Roles and Responsibilities

- Injury Compensation Program Administrator (ICPA) - Responsible for overall program
- Key medical care management players
  - Occupational medicine physician
  - Nurse case manager
  - Safety/IH/Ergonomics

Business Case Analysis

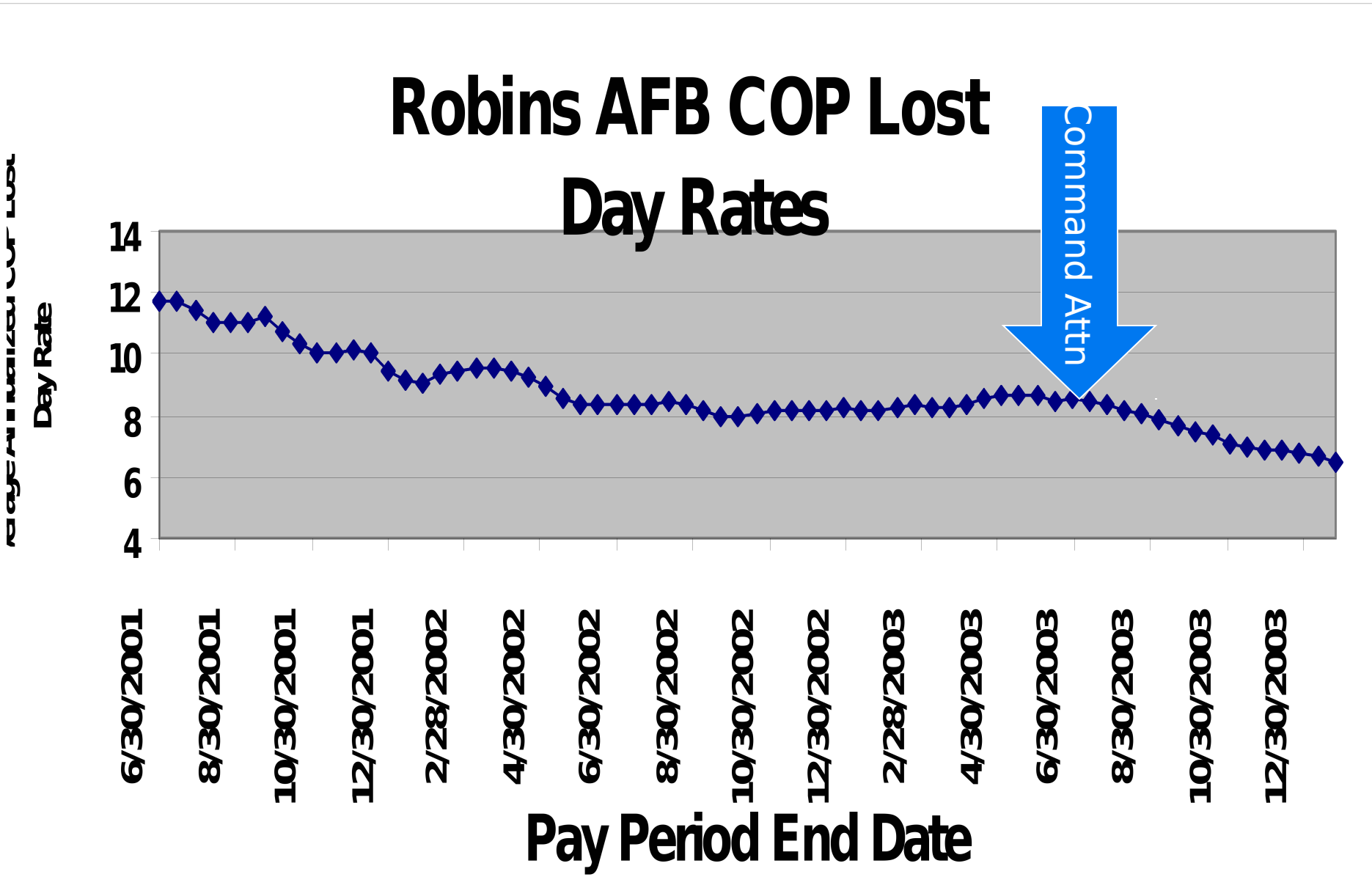
- Sites
  - AF: Robins, Tinker, Wright-Patterson
  - Army: Anniston, Corpus Christi
  - Navy: Albany Marine Corps Logistics Base, Norfolk Naval Shipyard, SE Region
- Sites chosen for having some elements of MCM in place
  - Not before/after study design
  - Some natural before/after trends after interventions during study period
- Metrics compared to Service averages
  - Compensation costs/claim
  - Medical costs/claim
  - Compensation costs/Medical costs ratio
- Productivity lost to occupational injury/illness

Cost Savings from MCM

- 1996-2003 data from 14 CONUS sites
  - Sites using MCM avoided $46M compared to Service averages
  - If all CONUS sites performed like the average of the studied programs, the Services could have avoided $421M in Workers' Compensation costs during this time period
  - $421M = 98 M-1 Tanks

Examples from Sites: Robins AFB

- Robins AFB had higher costs than AF average and in 1999 hired a MCM
- Improvements seen but then plateau last year resulted in commander attention
- Commander instituted strong RTW program with positions, required frequent progress reports
- Since 2000 base has avoided $3.3M in comp costs compared to AF average

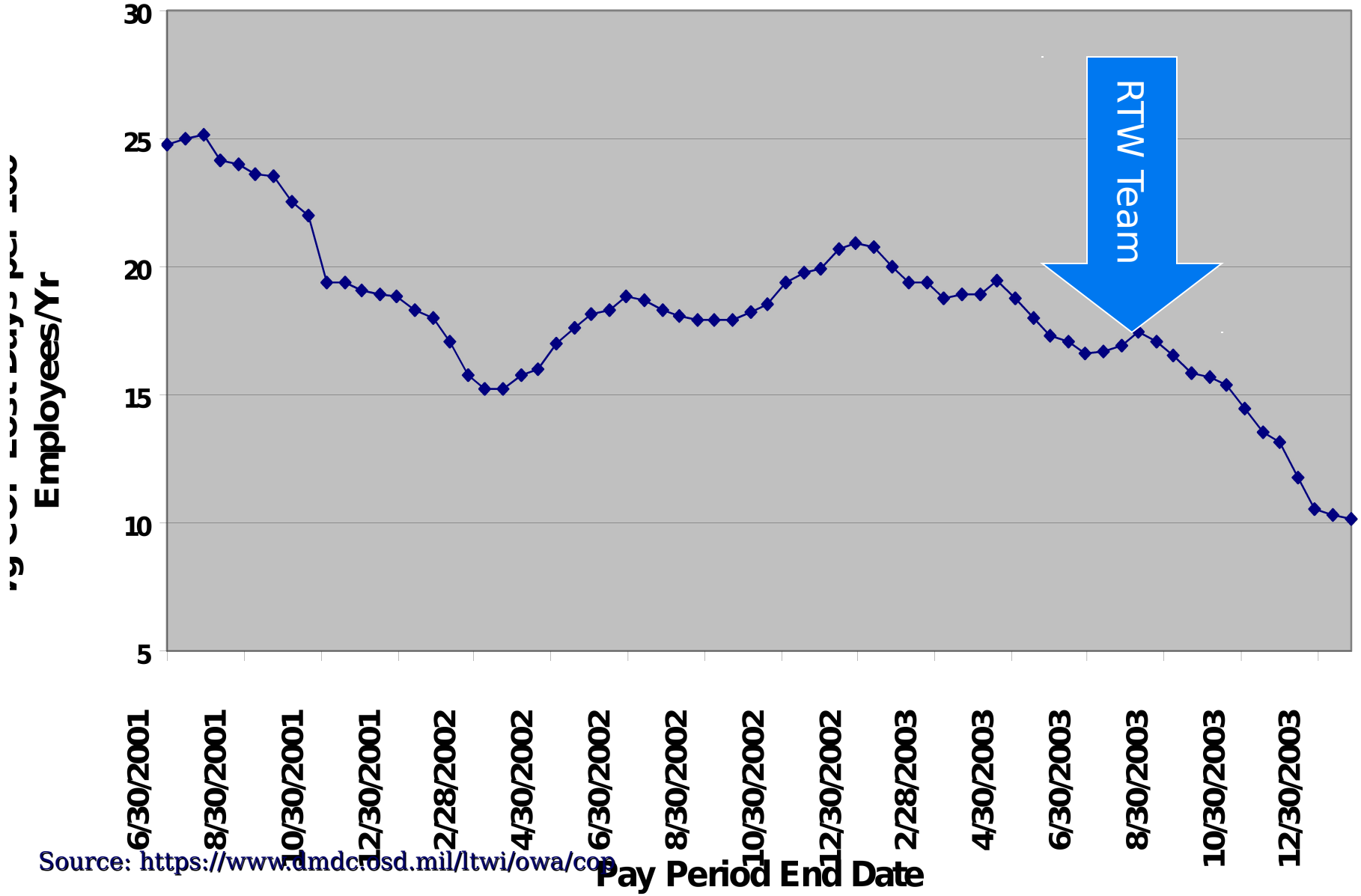


Source: https://www.dmdc.osd.mil/ltwi/owa/cop

Examples from Sites: Corpus Christi

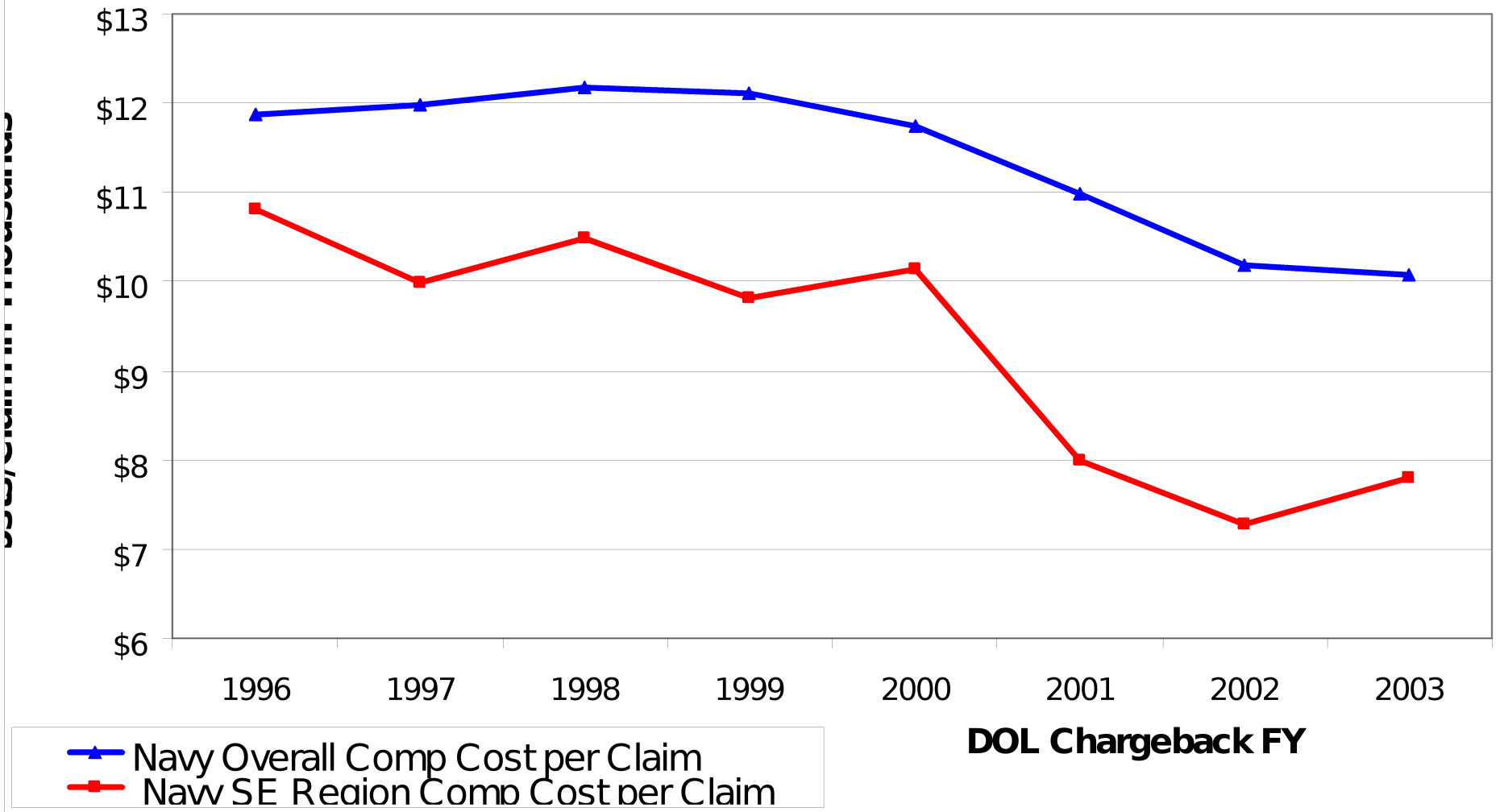
- Highest comp costs resulted in assistance visit 3/01
- Command attention:
  - Commander chairs SOHAC and visits work areas
  - Comprehensive safety training
  - Increase use of OHC for medical case management
  - Increase reviews of old claims
- Late summer 2003, Commander established installation prevention team with case mgmt function
  - RTW focus
  - Meets weekly
  - ICPA, personnel, safety, wellness, OHP

CCAD Average Annual COP Lost Day Rate



Source: https://www.dmdc.osd.mil/ltwi/owa/cop

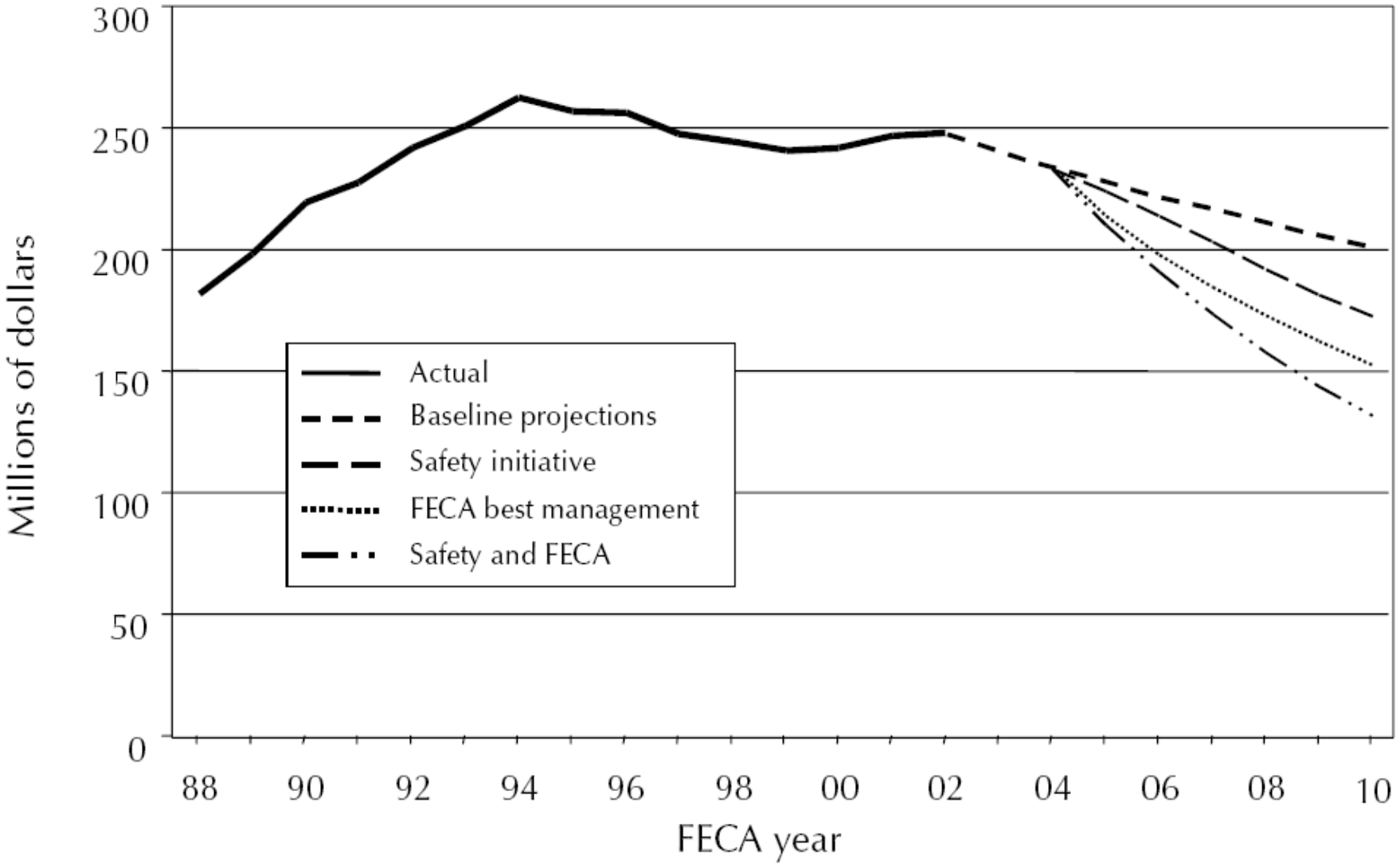
Navy Overall vs Navy Region SE Compensation Costs per Claim



Center for Naval Analysis Study

- Compared statistics and trends of Navy overall with best performing sites
- Identified workers' compensation best practices in well-performing sites
- Projected Navy savings if all sites adopted best practices

Figure 14. Comparing safety initiatives and improved FECA management



Source: Workers' Compensation: The Case for Improved DoN Management. Michael Bowes, CNA, May 2003

Findings and Conclusions

- OWCP CM program is very limited
- Integrated medical case management by local teams works
- Room for improved approaches at all sites
- Yield is immediate and long-term
- Significant improvements can be made without major additional funding, through:
  - Command attention
  - RTW teams
  - Optimized use of MTF for care
  - Defined role of medical case manager
  - Establishing goals and metrics for success

Policy Recommendations

- Revise DoD 1400.25M
  - Designated medical case manager
  - Return-to-Work teams (different from the FECA working groups)
- Revise DoDI 6055.1
  - Occupational health clinic role in injury care and case management
- Publish Health Affairs policy memo
  - Clarify the authorization of access to MTF medical care for injured civilians
  - Clarify priority of injured civilians

Program Recommendations

- Provide training
  - To medical staff and ICPAs on integrated team case management
  - DoD tech guide on medical case management
- Address issue of resourcing the MTFs
  - Injury care (e.g. specialty, diagnostics, PT/OT)
  - Medical case management
  - Incentives since reimbursed care competes
- Consider contractors for short-term support in long-term cases

DoD RTW Policy and Guidance

- DoD RTW policy and program needed
  - Positions for long-term roll claimants
  - Consider cross-service placement options
  - DSOC WC task force is responsible
- Engage DoD IG to measure impact of costs due to DOL delays
- Propose DoD-DoL/OWCP partnership program under SHARE
- Include medical case management in scope of DSOC occupational injury task force

Performance Metrics

- Average Annualized COP Lost Workday Rate (COP days lost per 100 FTE per year) – from DoD Lost Workday Website
  - Early claim MCM success
  - Preventive measure success
- PR (long-term) Case Rate – CPMS database for case numbers; DMDC for population data
  - Longer term MCM success metric
  - Also measures RTW program success

Conclusions of the WC MCM Working Group

- Traditional cost control strategies focused on administrative management and fraud investigations have had limited success reducing lost workdays and associated costs
- Well-structured, proactive and focused team approach to care management, early RTW and accommodations are integral components of comprehensive effort to control lost workdays and costs

Role of the OH Clinic in WC Best Practices

- Need for agency medical case management
- Best practices
- MCM role and responsibilities
- Implementing RTW teams
- Providing, coordinating, facilitating medical care

OWCP Medical Case Management Services

- Services offered
  - Traumatic injury claims only
    - After 15 days in claim filed as lost time, telephonic nurse intervention
    - If still losing time after 45 days, field case nurse may be assigned
    - “Optimal” time for this is 45-90 days after start of lost time
    - Fixed period of time to close case, then referred back to claims examiner

Need for Agency Medical Case Management

- First day – to prevent lost time
- First 15 days of LT claim – before OWCP telephonic MCM is offered
- After OWCP MCM closes case and no RTW
- After RTW
- All occupational illness cases
- All long term cases

Agency MCM and Prevention

- Cooperation among agency ICPA, safety, IH, ergonomics and OH to address:
  - Early MSD complaints and ergonomics
  - Workplace accommodations to ensure safe RTW
  - Cases as sentinel events
  - Trend identification and corrective actions

Best Practices

- Identified by review of private sector literature as well as DoD successful programs
- Must be compliant with DoL and DoD regulations
- Should be able to be implemented with minimal additional resources

Best Practices

- Administrative case management
- Medical case manager
- Team of key players
- Early identification of employees with work-related injuries or illnesses
- Training for key personnel
- Effective communication mechanism
- Timely and coordinated medical care
- Information support system and database
- Proactive preventive measures
- Early rehab programs for injured worker
- Early RTW programs, light duty assignments, work modifications and accommodation

FECA Working Group vs. RTW Teams

- FECA Working Group
  - Required by DoD 1400.25M for installations with > $1M in chargeback costs
  - High level, broad membership
  - Meets quarterly
  - Oversees management of the FECA program:
    - Evaluates trends
    - Recommends procedures and policies
    - Identifies problem areas
    - Develops RTW approaches and program

FECA Working Group vs. RTW Teams

- RTW Teams
  - Smaller teams that meet frequently to discuss and make plans related to individual claims
  - Frequent meetings allow timely action on new cases to prevent lost time
  - Helps protect patient confidentiality
  - Allows FECA working groups to focus on big issues

Implementing RTW Teams: Composition

- Led by ICPA
- Includes:
  - OH Physician
  - Nurse case manager (usually OH nurse)
  - Safety, IH, Ergonomics as needed
    - Work area reviews to define tasks in writing for job offers
    - Task modifications to facilitate safe return to work
    - Work area design changes
  - Personnel as needed
    - Advise and assist in proposed actions such as separations or formal job offers

Implementing RTW Teams: Cases for Review

- New lost time cases
- Cases in which the physician has recommended surgery
- Cases returning to work with challenging restrictions
- Prolonged temporary modified duty
- Cases with fraud/abuse red flags
- Older lost time claims to review medical documentation for currency and opportunities for RTW

Implementing RTW Teams: Activities

- Review medical reports
- Identify cases for controversion or challenge
- Discuss approaches to treating physician, OWCP, supervisor, etc.
- Establish system for tracking employees on temporary light duty
- Determine actions such as requests of OWCP (examples)
- Identify needed personnel actions

Possible Claim Outcomes

- RTW in original position
- RTW in new position
- OWCP terminates compensation:
  - Claimant has no disability
  - Disability is not related to injury
  - Claimant refuses a legitimate offer of work
  - Claimant refuses to cooperate with vocational rehabilitation
- Claimant has permanent partial disability but no RTW position is offered
- Claimant is found to have permanent total disability and requires ongoing compensation

MCM Role and Responsibilities

- Assign one of the OH staff (usually OH nurse) role of MCM
  - MCM certification is available
  - Training may be needed in FECA, and principles of workers' compensation case management
- Contract case managers also an alternative
- Other OH staff may function in this role (OH physician, PA, Nurse Practitioner)
- Go-To person for workers' compensation clinical issues, like ICPA is for claim administrative issues

MCM Role and Responsibilities

- Collaborate closely with the ICPA
- Avoid active case management activities for cases with an assigned DOL nurse case manager
- Identify locally available resources for care, MTF as well as community
- Evaluate planned treatment for clinical appropriateness (example)
- Assist injured workers with appointments
- Establish positive working relationships with MTF and community providers

MCM Role and Responsibilities

- Conduct and document assessment
- Identify treatment needs
- Develop RTW goals based on standard disability guidelines (example)
- Identify clinical documents needed for review
- Communicate discrepancies, red flags to ICPA
- Assist ICPA in communicating clinical issues with providers, OWCP
- Coordinate on-site medical care if selected

MCM Correspondence

- MCM or OHP can assist ICPA by writing reports and recommending OWCP actions (correspondence should be through ICPA)
- Reports may be based on clinical care provided, clinical evaluation, or review of outside medical documentation, and should specify this

MCM Correspondence

- Agency physician reports should contain:
  - Introduction, including the employee's name and case file number, physician's name and board specialty and the reason for writing the letter
  - History of the injury
  - Objective findings, either through direct examination of the IW or by review of the medical record
  - The physician's opinion as to causal relationship or continuing causal relationship (if applicable)
  - Discrepancies or concerns (e.g. proposed care inappropriate to injury)
  - Request or recommendations (e.g., claim be denied, refer for second opinion, refer for vocational rehabilitation)

On-Site Medical Care

- MTF care is authorized but not always offered
- Where possible, MTF services should include:
  - OH clinic injury care (not just evaluation)
  - PT/OT
  - Imaging (e.g. MRI)
  - Functional capacity exams
  - Specialty care

On-Site Medical Care

- Agency MAY NOT require IW to report to OH clinic before going to physician of choice
- Agency MAY co-locate ICPA with OH clinic to facilitate case management cooperation and for convenience of employees who choose care on-site
- Agency MAY require OH clinic evaluation AFTER employee visits physician (OPM rules)
- Agency SHOULD make MTF clinical services convenient, accessible, and high quality – most employees will choose on-site care
- Agency SHOULD offer on-site services, such as PT, MRI, for employees seeking care off-site

MCM and Outside Providers

- Calling or visiting outside providers about a specific case is not allowed
- OK to write or fax
  - Information such as ergonomic evaluation of work area, agency light duty policy
  - Requests for further information (treatment plans, follow-up, physical abilities)
  - Proposed assignment descriptions

MCM and Outside Providers

- Networking with outside providers
  - Meet and greet
  - Letter of introduction, services offered on site
  - Open houses and tours
  - Involvement in local medical associations

Summary

- Need for agency proactive integrated medical case management by teams
- ICPA needs active involvement of the OH clinicians
- Agency and employees benefit from having assigned MCM
- RTW teams are most effective approach in preventing and reducing lost time, and in identifying RTW opportunities for claimants off work

Questions?

POC Marianne Cloeren, MD, MPH
USACHPPM
410-436-1011 (DSN 584-)
Marianne.cloeren@us.army.mil